

## **Where can plan participants find information about filing an appeal or complaint?**

Participants have access to both a complaint and appeal process. Complaints typically involve issues such as dissatisfaction about the plan's services, quality of care, the choice of and accessibility to providers, and network adequacy. Appeals typically involve a request to reverse an adverse coverage decision made by the plan.

The Member/Customer Service Department of the plan in which the participant is enrolled can assist in resolving complaints or with accessing the appeals process. The Member/Customer Service contact information is provided on participants' ID cards. Complete information regarding the process is also included in each plan's Member Handbook (or Evidence of Coverage for a fully-insured plan).